



Assessor's Office
One City Hall Plaza
Manchester, NH 03101
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www.manchesterNH.gov/assessors

2017 Elderly Property Owners Exemption

Optional Exemption RSA 72:27-a for the Elderly, RSA 72:39-b

******Applications accepted after January 1st, 2017 - Filing deadline is April 15, 2017******

PLEASE CALL TO SCHEDULE AN APPOINTMENT – FOR REVIEW OF APPLICATION

Upon approval of qualifications for the elderly exemption the water & sewer departments will **automatically be notified.**

To qualify you must be: 65 years of age - and Owner of record on or before April 1, 2017

- A resident of NH for **3 consecutive years** on or before April 1, 2017
- Married couples must have been married for **5 consecutive years** on or before April 1, 2017
- Property where exemption is claimed must be the applicants principal place of abode, to the exclusion of all others.
- If applicant received a transfer of real estate from a person under the age of 65; related to him by blood or marriage, within the preceding 5 years, no exemption shall be allowed - RSA 72:40a, limitations

TOTAL INCOME from all sources including any retirement income and Social Security:

- **Single** person cannot exceed \$37,000 per year - **Married** couples cannot exceed \$50,000 per year

TOTAL ASSETS (at of the date of application – or April 1st if requalifying.)

\$90,000 for single person and \$115,000 for married couple, excluding the value of your dwelling unit:

- Include all personal property such as cars, trucks, RV's, trailers, antiques, furniture & jewelry.
- Checking and Savings account balances.
- CD's, IRA's, mutual funds, stocks, bonds, annuities, life insurance policies, money market etc.
- Any other real estate owned anywhere (individually, jointly, in common, fractional) including land, mobile homes, condos, timeshares etc. Supporting documents must be supplied.
- Other assets tangible or intangible less any good faith encumbrance.

You must provide copies of the following (if applicable):

- 2016 Federal income tax return including all W2's, 1099's, etc.
- 2016 Social Security Benefit Statement
- 2016 VA benefits statements
- 2016 State Interest and Dividends Tax Forms
- Bank Statements – the most current 3 months (full copies) for all checking and savings accounts
- Current statements for CD, IRA, 401K, stocks and/or bonds, surrender value of life insurance policies, money market, etc (full copies)
- Property Tax Inventory Forms filed in any *other* town
- Copy of your Trust and Trust Amendments. (Attorney's affidavit may be required annually)
- Drivers license or birth certificate
- Current mortgage statement if you own more than a single family home.
- Documentation of any Fuel, Electric, Rental, or any Assistance from Others.

If you qualify - exemption will be according to age and percentage of ownership RSA 72:41 Proration

- 65 – 74 years of age are allowed **\$109,500** assessed value deducted from total assessed value
- 75 – 79 years of age are allowed **\$148,500** assessed value deducted from total assessed value
- 80 + years of age are allowed **\$195,500** assessed value deducted from total assessed value

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CITY OF MANCHESTER

Elderly Exemption Application – Tax Year 2017

To Be Completed by Owner Seeking Tax Exemption, Per RSA 72:39a

Applications accepted after January 1, 2017 - **Filing deadline is APRIL 15, 2017**

ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Map/Lot _____ Account No. _____ Applying for: Elderly Exemption
(Applicant)
Owner Name _____ Owner Date of Birth _____
Co-Owner /Spouse _____ Date of Birth _____
(Name)
All additional Owners on deed _____ , _____
*Relationship _____
Address _____ Married __ Single __ Widow __ Divorced __
City/State/Zip _____ If married, how many years? _____
Telephone Number _____ Cell phone Number _____
NH Resident Since _____ Prior address if less than 5 years _____
Life Estate or Trust Name* _____ PA-33 must be completed with a full copy of trust
Please indicate type of residence: Condo _____ Single Fmly _____ Multi Fmly # of units' _____
If you own a multi family, do you have a mortgage Y/N _____ Mortgage amount balance\$ _____

- ♦ Are you receiving a deduction or exemption from any other City or Town? YES _____ NO _____
◦ What is your primary place of abode? _____

INCOME INFORMATION: For the Period of JANUARY 1 TO DECEMBER 31, 2016

Please attach additional sheets if necessary and if any of the following categories do not apply please write N/A.

Supporting Documents MUST be put in order of numbers and submitted with this application.

	Owner	Co-Owner (Spouse)
1. Social Security \$ (Gross, annual)	_____	_____
2. Sos. Sec. Disability Income (Title II or Title XVI)	_____	_____
3. VA Benefits (Pension/Disability Income)	_____	_____
4. Wages, Salaries, Tips (Gross)	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____
5. Pensions/Annuities/401k	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____

6. All Interest Income Acct Name and # _____ Amount _____
 • Acct Name and # _____ Amount _____
 • Acct Name and # _____ Amount _____
 • Acct Name and # _____ Amount _____

7. All Dividend Income - Acct Name and # _____ Amount _____
 • Acct Name and # _____ Amount _____
 • Acct Name and # _____ Amount _____

8. Real Estate Rental Income _____ Annual Amount _____

9. Fuel or Electric Assistance \$ _____, gambling or lottery \$ _____ Amount _____

10. Is anyone (other than a spouse or co-owner) living with you? Yes _____ No _____

If Yes, please list amount of assistance, bills, or rent paid annually _____ Total amt _____

Additional Comments: (attach additional sheets if necessary) _____

➤ Total 2016 Income: \$ _____

CURRENT ASSET INFORMATION : As of the DATE of this APPLICATION

Please attach additional sheets if necessary and if any of the following categories do not apply please write N/A.

11. Other Real Estate: _____
 (Street Address) (Market Value) (Please attach copy of property tax bill.)

Do you own (individually, jointly, in common, fractional, etc.) any other real estate anywhere including homes, land, mobile homes or time shares Y _____ N _____

12. Other Personal Prop _____ Lot of land _____
 (Description) (Value) (Description) (Value)

13. Vehicle 1: Make _____, Model _____, Year _____, Miles _____ Value _____

Vehicle 2: Make _____, Model _____, Year _____, Miles _____ Value _____

Vehicle 3: Make _____, Model _____, Year _____, Miles _____ Value _____

14. Please attach full copies of 3 months/or quarterly statements on all accounts:

Checking Account #	Bank Name	Name(s) on account	Balance

Savings Account #	Bank Name	Name(s) on account	Balance

Credit Union Account #	Credit Union Name	Name(s) on Account	Balance

CD Account #	Bank/ Institution Name	Name(s) on Account	Balance

I.R.A. Account #	Bank / Institution Name	Name(s) on Account	Balance

Money Market Account #	Bank / Institution Name	Name(s) on Account	Balance

Stocks/Bonds Account #	Bank / Institution Name	Name(s) on Account	Cash out Value

Annuities Account #	Bank / Institution Name	Name(s) on Account	Cash out Value

Mutual Funds Account #	Bank / Institution Name	Name(s) on Account	Balance

Life Insurance Policies #	Bank / Institution Name	Name on Account	Cash out Value

15. Other Assets: _____
 (Explain) _____ \$ Amount

➤ **Total Current Assets:** \$ _____

Assets disclosed by the applicant on this application will be verified through all resources available to the City of Manchester and the Assessing Department.

I/We, the undersigned, agree to repay the City of Manchester, NH for any exemption procured through willful misrepresentation. Misrepresentation or omission of information will result in denial of exemption from the City of Manchester, NH.

ANY CHANGE IN HOUSEHOLD CIRCUMSTANCES (INCOME OR ASSETS) MUST BE REPORTED TO THE ASSESSOR'S OFFICE WITHIN 30 DAYS. Failure to do so may result in suspension of exemption. I/We swear, under penalty of perjury, and certify that the information provided in this Application, including Income and Asset Statements, is true to the best of my/our knowledge.

My/Our signature(s) below constitute(s) the granting of my/ our authority for the City of Manchester, NH to obtain verification and/or proof from all sources concerning my/our household's circumstances.

 Owner Signature Date

 Co-Owner Signature Date

The City will not release or discuss your information with any party without your express written permission.

☐ Check here if you would like us to discuss your application with a friend, family member or caregiver.

Name of that person, relationship _____ Phone# _____

Name of that person, relationship _____ Phone # _____

Signature _____ Date _____

For the Assessing Office Only

Multi Family Asset

Number of units _____

Total assessed value \$ _____

Total assessed land value \$ _____

Total assessed building value \$ _____

Mortgage amount \$ _____

Application Taken By: _____

Date _____

Do the taxpayers need a mortgage letter _____

Would you like to pickup your financial statements after we are done or can we shred them? _____

Comments on Application _____

Approved _____ Denied _____ Date _____